

CVR CLAIM FORM FOR FUNERAL/BURIAL EXPENSE VERIFICATION

THIS FORM IS TO BE COMPLETED BY THE FUNERAL OR BURIAL SERVICE PROVIDER

CVR NUMBER: _____
VICTIM: _____
CLAIMANT: _____
VICTIM SSN: _____
DATE OF CRIME: _____
CLAIM
INVESTIGATOR: _____
ADDRESS: _____
PHONE: _____

CLAIMANT INSTRUCTIONS:

- 1) Complete boxes on left.
- 2) Send the completed form, along with the itemized funeral bill, to your claim investigator.

FUNERAL/BURIAL PROVIDER INSTRUCTIONS:

A claim for funeral/burial expenses has been made under the Louisiana Crime Victims Reparations act at LA R.S. 46:1801-1822 on behalf of the above-named victim.

- 1) Please complete this form, attach the itemized invoice to it and return to the claimant (or the claim investigator).
- 2) Do not send form or bills directly to the CVR Board unless requested.
- 3) The Louisiana Crime Victims Reparations Board does not act as guarantor for any services rendered.

Date of Funeral/Burial: _____

According to your records, who is responsible for Funeral/Burial Expense? _____

THE CRIME VICTIMS REPARATIONS BOARD CANNOT BE LISTED AS THE RESPONSIBLE PARTY OR GUARANTOR ON THE BILL.

	Funeral/Burial Expense
Total Cost	\$ _____
Insurance Payment	_____
Claimant Payment	_____
Donations	_____
Other Payments	_____ (Explain on Back)
Current Balance	\$ _____

Name, Address & Phone Number of Insurance Company:

Phone Number: (____) _____ Fax Number: (____) _____

Policy Number: _____

Group Number: _____

Name of Beneficiary: _____

Address and Phone Number of Beneficiary:

Is this a dedicated burial policy: ☐ Yes ☐ No

Name of Funeral Home or Burial Provider

Address

Authorized Signature

Date

Printed or Typed Name

Phone Number

Title

Fax Number

Federal Employer Identification Number